

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049196

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 515

FILED JAN 2 1964

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Bonne Terre	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 111 Summit St.		d. STREET ADDRESS (If outside, give location) 111 Summit St	

3. NAME OF DECEASED (Type or print) Frank Peter Vargo			4. DATE OF DEATH Month December Day 15 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 8, 1902	9. AGE (last birthday) = 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY St Joseph Lead		11. BIRTHPLACE (City and state or country) Bonne Terre, Mo	
12. CITIZEN OF WHAT COUNTRY US					

13a. FATHER'S NAME Michael Vargo Sr		13b. MOTHER'S MAIDEN NAME Barbara Bilinski		14. NAME OF HUSBAND OR WIFE Emma R. (Naeger) Vargo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Emma Vargo		17. INFORMANT 111 Summit St Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH instant	
DUE TO (b) Hypertensive cardiovascular disease.		many years.	
DUE TO (c) _____			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Oct. 10, 1956 to Oct. 1, 1963 and last saw him alive on Oct. 1, 1963	
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>John M. Fuller</i> (Degree or title)	22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 12-18-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-63	23c. NAME OF CEMETERY OR CREMATION St Joseph Catholic	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo
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24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc. Bonne Terre, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 18, 1963	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 7 1964

JAN 6 1964

JAN 7 1964

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burlin T. Boyer, Jr

Licensed Embalmer No. 5117

P. O. Address Bone Tene Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.